

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581379

FILING DATE

6-2-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3		1		
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3		13		
15	1		1			
16		1		1		
17		2		1		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
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31	1		1			
32	1		1			
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37		1		1		
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39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45	1		1			
46	1		1			
47		1		1		
48		1		1		
49		1		1		
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	54	←		←
TOTAL CLAIMS			61			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

CBW